

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000190419

Entity Name: DADE MEDICS & REHAB CENTER, LLC.

Current Principal Place of Business:

8260 WEST FLAGLER ST
SUITE 2B
MIAMI, FL 33144

Current Mailing Address:

8260 WEST FLAGLER ST
SUITE 2B
MIAMI, FL 33144 US

FEI Number: 82-3020473

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, ALEXIS
8260 WEST FLAGLER ST
SUITE 2B
MIAMI, FL 33144 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR, MANAGER, TREASURER,
AUTHORIZED REPRESENTATIVE.
Name PEREZ, ALEXIS
Address 8260 WEST FLAGLER ST
SUITE 2B
City-State-Zip: MIAMI FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXIS PEREZ

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03/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date